

## **Change of Address for Occupational Tax Certificate**

☐ Moved outside Sand	y Springs city limits (accou	gs city limits (please include \$50.00 zoon nt will be closed. Must apply with new ged, a new application must be submi	jurisdiction)	
Business Name:		Account No	Account No.:	
Business Owner/Applicant:				
Previous Location Address:		Ste/Ap	t:	
City, State, Zip Code:		Business Phone:		
New Address Information:				
New Address:		Ste/Ap	ot:	
City, State, Zip Code:		Business Phone:		
Brief Description of business acti	vity:			
close/sold/moved out of Sandy Sprin Actual Gross Receipts: (Minus deduc	and number of employees angs.  Stion of payments to subcontract state sales, excise tax, inter organization	anization sales)		
Signature of Applic				
Office Use Only:		Amount paid: \$	Date:	
Zoning [ ] Yes [ ] No	Approved By:	Date:	Staff Initial:	